



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
**Clinical Policy & Programs**  
**PCS & PCS Plus**

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

**PCS/PCS-PLUS Training for Registered Nurses**  
**Class Registration Form**

Fax: 919-715-2628

Date form faxed to DMA: \_\_\_\_/\_\_\_\_/\_\_\_\_

R.N. Name (print): \_\_\_\_\_

Date of RN Licensure: \_\_\_\_\_

Years of Home Health or Home Care experience: \_\_\_\_\_

Name of Agency Employed By: \_\_\_\_\_ Provider #: \_\_\_\_\_

Agency Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

*For DMA Use only*

Approved to attend DMA class by: \_\_\_\_\_

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*For DMA Use only*

Scheduled Class Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Location: ----Room 297 @ DMA

Time: ----9 a.m. – 1 p.m.

*(In lieu of a fax) Mail the form to:*

Division of Medical Assistance  
Facility and Community Care Section  
1985 Umstead Drive  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
Attn: David or Phyllis